

Name
in
Full

CERTIFICATE OF DEATH

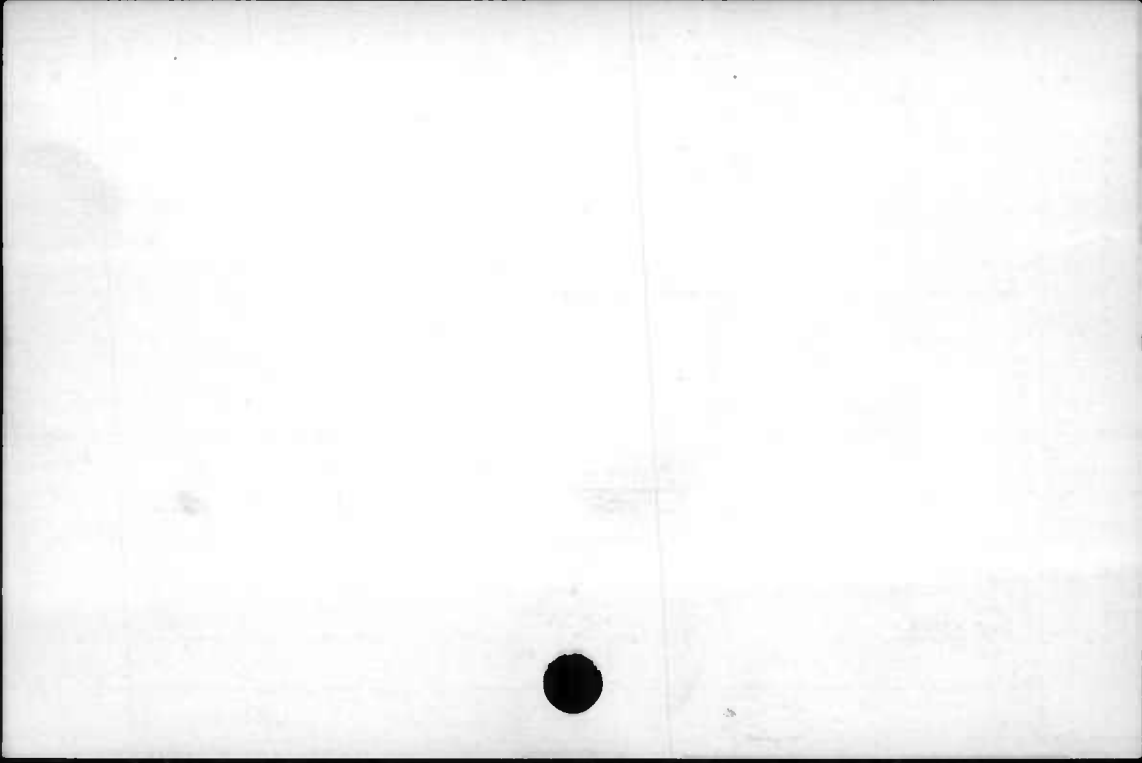
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Custer</i>		Town <i>Mt Lake Park</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Mt Lake Park</i>		Date of death <i>1906</i>		Month <i>June</i>		Day <i>30</i>	
Age <i>56</i>		Years <i>56</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Hom.</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm Custer</i>					
Father's Name <i>Timothy Miller</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Miss Hoop</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Bessie Edward</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer Maxilla</i>	How long	<i>44</i>	How long	<i>Some 6 mo</i>
Immediate		How long		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Leone C. Conrad</i>			
		Address <i>Gate Road Ind.</i>			
Accident or Suicide?					



Name
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Robert Grady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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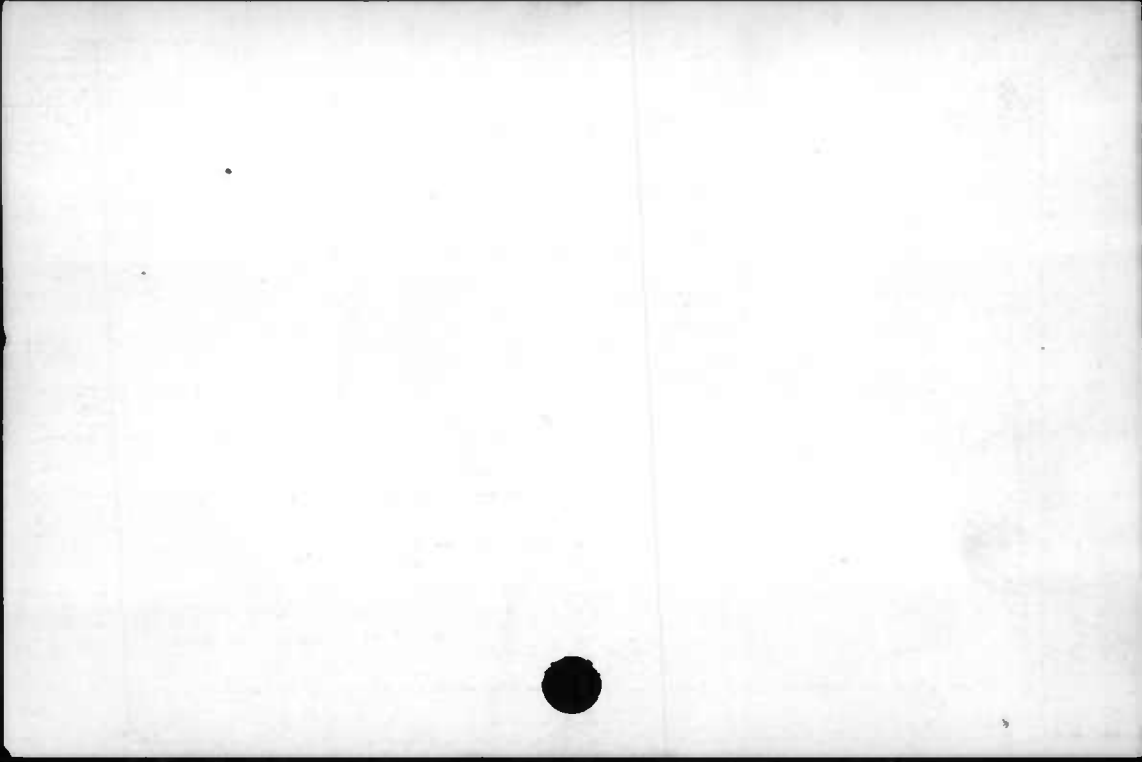
Died at		Town Grantonville		County Garrett		MARYLAND	
Date of death		1906	Month June	Day 29	Age Years 11	Months 18	Days
Sex Male		Color or Race White		Birth-place Grantonville			
Occupation Infant		Where Residing if not at place of death "					
Married, Single or Widowed Infant		Name of Wife or Husband Deport					
Father's Name Peter Brochy		Father's Birthplace Grantonville					
Mother's Maiden Name Mary Platter		Mother's Birthplace Hager River					
Name of person giving information Peter Brochy		How related to deceased Father					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Septicemic Caecitis	How long	3 Weeks
Immediate	Septic Meningitis	How long	20 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. J. Robinson	
		Address Grantonville	
Accident or Suicide? No			



Name
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Full

Deand M Burch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>her Home</i>		Town <i>in Garrett</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	2	Years	16
Sex	Female		Color or Race	white		Months	11
Birthplace	W. V. a		Days		—		
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name	Margaret Casteel					Mother's Birthplace	
Name of person giving information	Margaret Burch					How related to deceased	
					mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Confinement</i>		How long	<i>6 weeks</i>	
Immediate	<i>cold</i>		How long	—	
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		<i>S. Savage Undertaker</i>			
Address		<i>Friendsville</i>			
Accident or Suicide?		<i>Mo</i>			

Song Run

Name
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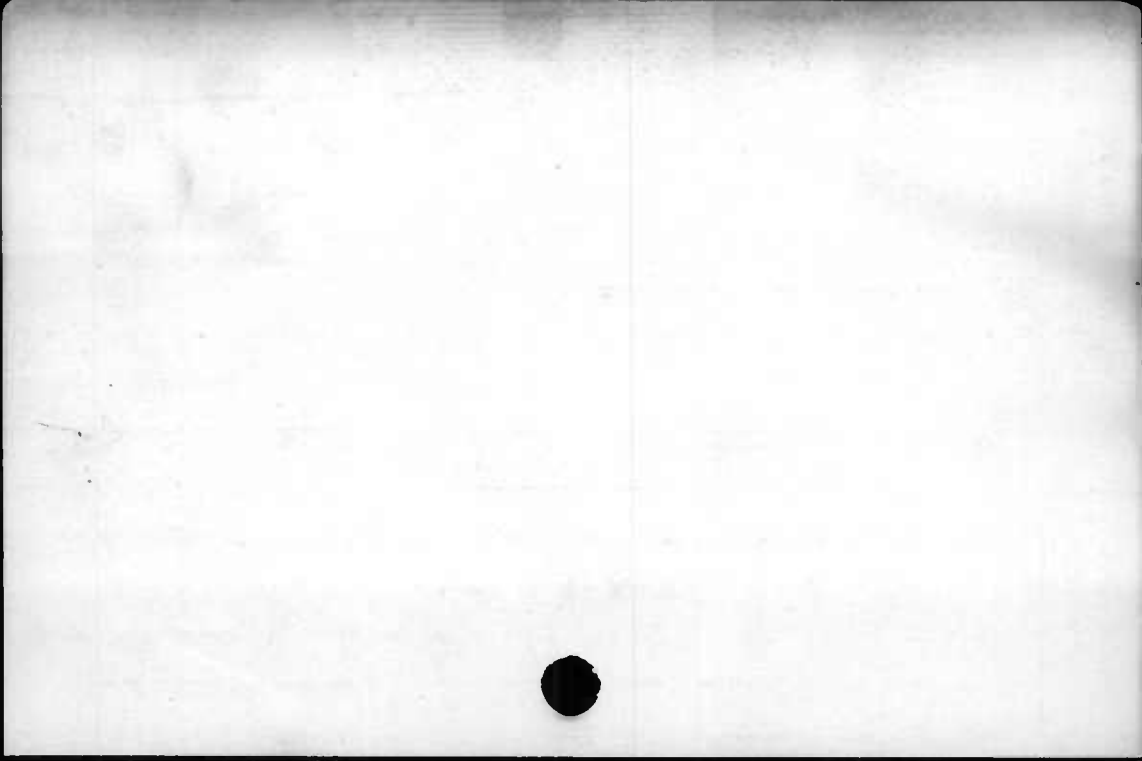
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs J. Mos. Bennett</i>		Town <i>Green</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Green</i>		Month <i>June</i>		Day <i>18</i>		Years <i>31</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>18</i>		Years <i>31</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>0</i>	
Occupation <i>House</i>		Where Residing if not at place of death <i>Ind</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. Mos. Bennett</i>		How related to deceased <i>Ind</i>			
Father's Name <i>Allen Butler</i>		Mother's Maiden Name <i>Ind</i>		Name of person giving information <i>Ind</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 Mo</i>	
Immediate <i>Ind</i>		How long <i>Ind</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Legg</i>	
		Address <i>Ind</i>	
Accident or Suicide?			



Name
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Emanuel Custer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hayes</u> <small>Town</small>			<u>Garrett</u> <small>County</small>			MARYLAND	
Date of death <u>1906</u>	<u>June</u> <small>Month</small>	<u>29</u> <small>Day</small>	Age <u>67</u>	<u>3</u> <small>Months</small>	<u>27</u> <small>Days</small>		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>			Where Residing if not at place of death _____				
Married, Single or Widowed <u>Widower</u>			Name of Wife or Husband _____				
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <u>Roy. M. Custer</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cancer</u>	<u>45</u>	How long	<u>5 mo.</u>
Immediate	<u>Cancer</u>		How long	<u>..</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. R. Boyer M.D.</u>		
		Address <u>Residence</u>		
Accident or Suicide?		<u>Ind.</u>		

Handwritten signature or initials, possibly "H. C. C."

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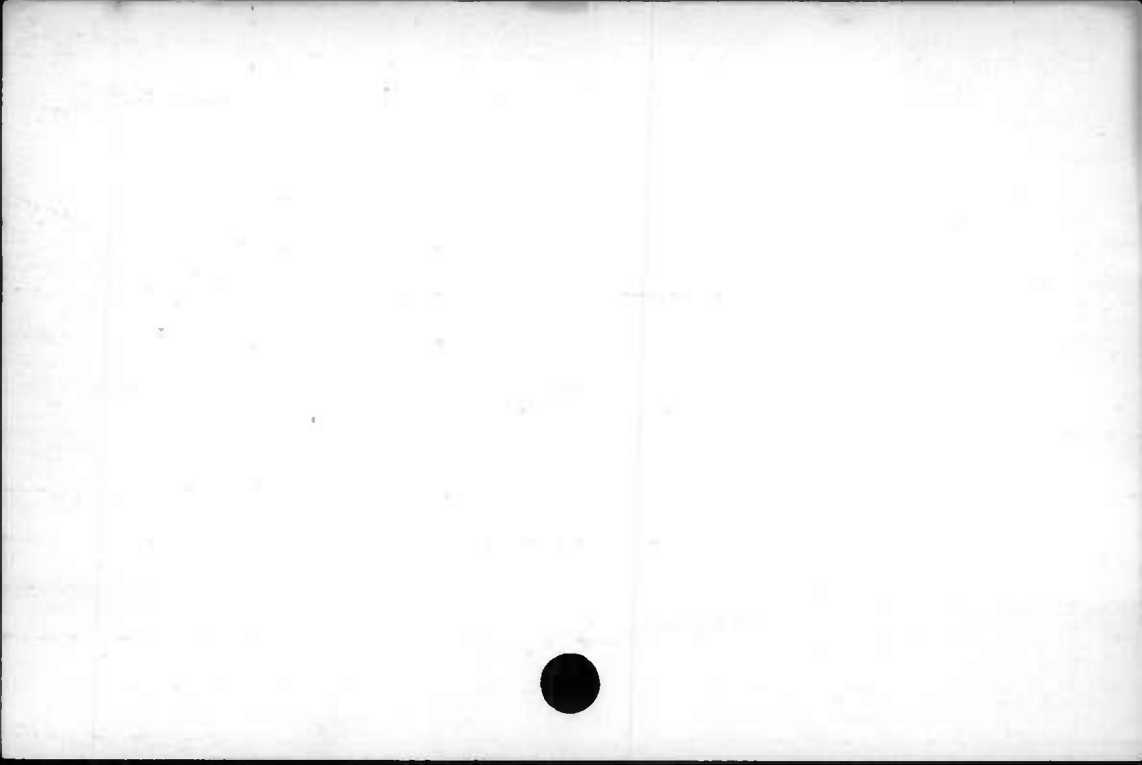
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		June	3				
Sex	Leucal	Color or Race	white		Birth-place	md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			D. Playford Huebaupt			Father's Birthplace	
						md	
Mother's Maiden Name			Eulak Ford			Mother's Birthplace	
						WVa	
Name of person giving information			Mr D. H. Huebaupt			How related to deceased	
						mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stomach	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		M. C. Huebaupt
		Address
		Oakland
		md
Accident or Suicide?		



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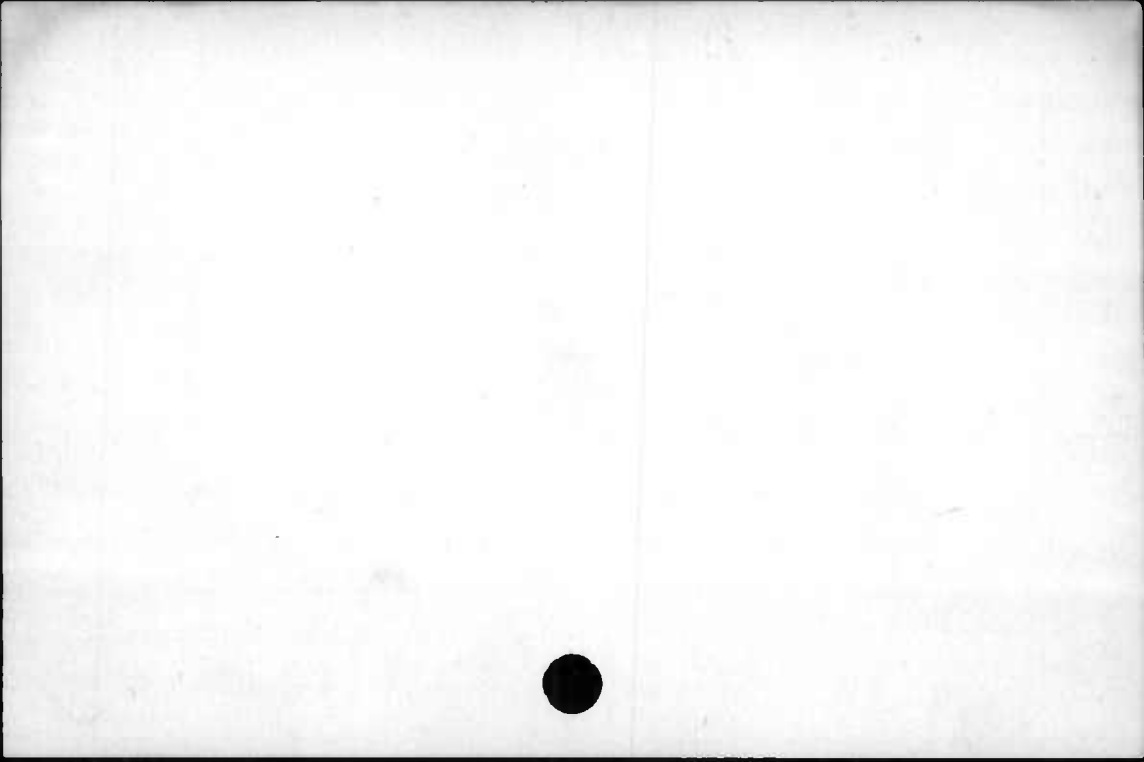
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jennings</i>		County <i>Barrett</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>14</i>	Age <i>61</i>		Months <i>2</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Samuel Johnson</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Sarah Fitzgerald Swann</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Ed. Snider</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>fell out of bed</i>	<i>(61)</i>	How long	<i>9 days</i>
Immediate	<i>meningitis</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>H. L. Evans M.D.</i>	
			Address <i>Granton Md</i>	
Accident or Suicide?				



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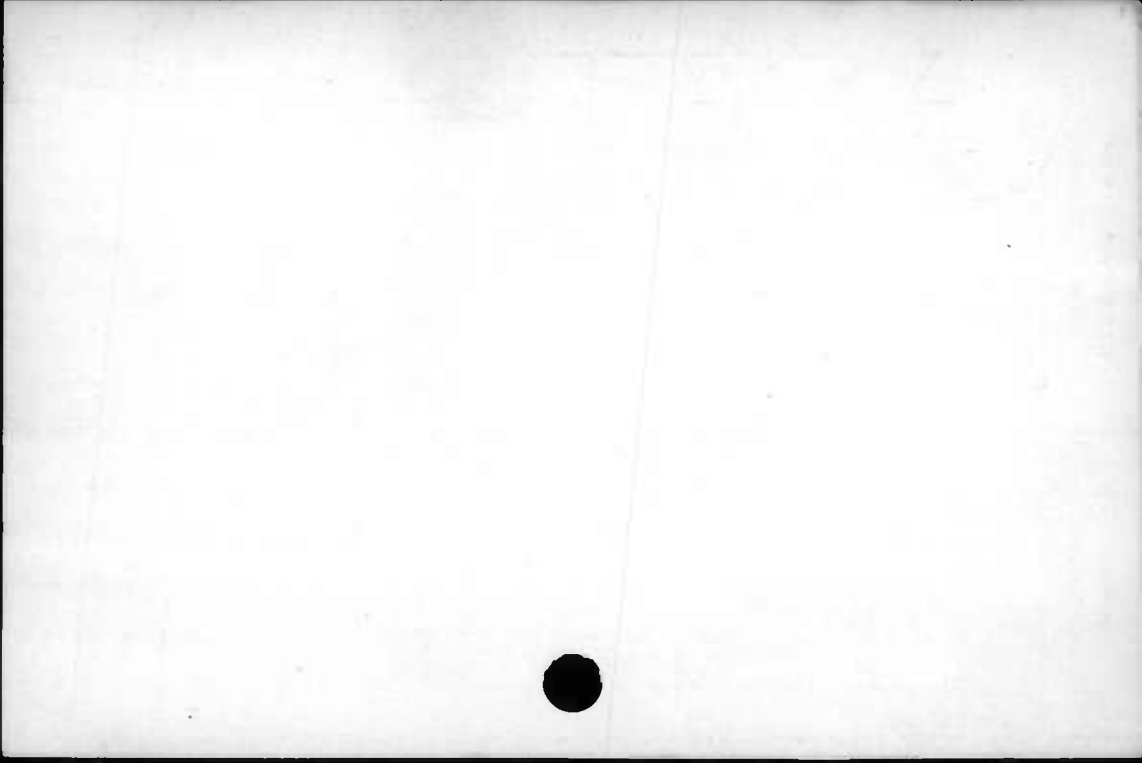
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>new</i> <i>Baby Tower</i> <i>Oakland</i> <i>Garrett</i>		Town		County	
Date of death <i>1906</i> <i>6</i> <i>20</i>		Month		Day	
Age <i>7</i>		Years		Months	
Sex <i>F</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>John M. Tower</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Anna M. Morgan</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>John M. Tower</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>[Signature]</i>	
Accident or Suicide?			



Name
in
Full

Edmund Pinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Doxeand* TownCounty *York*Date
of death *1906*Month *June*Day *8*Years *1906*Age *about 60*

Months

Days

Sex *male*Color
Race*Color of*Birth-
place

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Delia Pinner*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

27

Primary

Pneumonia tuberculosis

How long

Immediate

As pneumonia

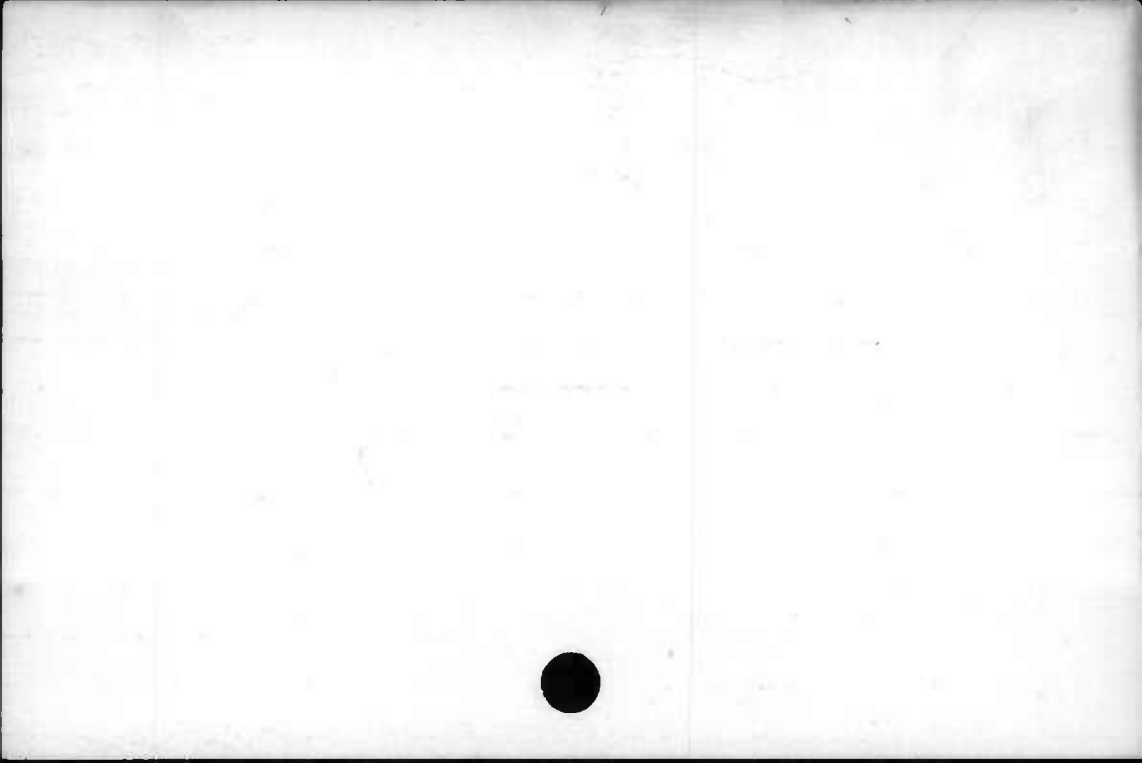
How long

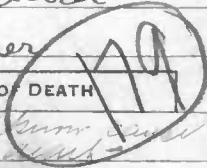
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*M. C. Hurlough*

Address

Doxeand

Accident or Suicide?



Name in Full		c Amanda P Teats				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>White Rock</i>		Town <i>Garrett</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>June</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>20</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Bro. Oliver Teats</i>				Father's Birthplace <i>Md</i>		
	Mother's Maiden Name <i>Lettie M. Teares</i>				Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Wm. Teares</i>				How related to deceased <i>gran father</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>							
PHYSICIAN OR CORONER	Primary <i>4 months child - crit. burn</i>				How long <i>2 days</i>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>S. Savage Undertaker</i>		
					Address <i>Frederickville, Md</i>		
Accident or Suicide?				<i>no physician attending</i>			

Sand Spring

Name
in
Full

Mr. Mary Wiseman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Oakland</i>		County <i>Gaulett</i>	
Date of death <i>1906</i>	Month <i>January</i>	Day <i>10</i>	Age <i>67</i>
Sex <i>Female</i>	Color or Race <i>W</i>	Months	Days
Occupation <i>None</i>	Where Residing if not at place of death <i>Breand</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James Tuhill</i> - <i>James Wiseman</i>		
Father's Name <i>✓</i>	Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>✓</i>	Mother's Birthplace <i>✓</i>		
Name of person giving information <i>✓</i>	How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>(14)</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Leggett</i>
	Address <i>Oakland</i>
Accident or Suicide?	

